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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10/052735 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) · SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE . (37 OFR 1.16(a), (b), or (c)) RATE (\$) FEE (\$) RATE (\$) FEE (\$) 8EARCH FEE (87 OFR 1.16(k), (i), or (m)) EXAMINATION FEE (ST. OFR 1,16(0), (p), or (q)) TOTAL CLAIMS (87. OFR 1.16(I)) minus 20 = INDEPENDENT CLAIMS (37 OFR 1.16(h)) OR ·x . X If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (87 OFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) ullet if the difference in column 1 is less than zero, enter $^{\circ}0^{\circ}$ in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) **OR** SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST NUMBER REMAINING PRESENT RATE (\$) RATE (\$) **AFTER** PREVIOUSLY EXTRA AMENDMENT TIONAL FEE (\$) MENDMENT PAID FOR TIONAL Total (37 OFR 1.16(3) FEE (\$) 30 × 5000 OR Independent (37 OFR 1.16(h)) Minus ×100 = x 2000. OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR TOTAL TOTAL ADD'L FEE OR: ADD'L FEE

<u> </u>	· ·	(Column 1)		(Column 2)	(Column 3)		
뉟		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Ã	Total (P7 CFR 1.166))		Minus	**.			
AMENDMENT	Independent (IT OFR 1.1694)	•	Minus	441			
	Application Size Fee (57 CFR 1.16(e))						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.16(1))						

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ATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
		OR	х =	
		OR	X =	
				
		OR		
TAL D'L FEE		OR .	TOTAL ADD'L FEE	
		TIONAL FEE (\$)	TIONAL FEE (\$) OR OR OR TAL	TIONAL FEE (\$) OR X = OR X = OR TAL.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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